

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # M59251

1. Entity Name

TRUST MORTGAGE OF FLORIDA, INC.



Principal Place of Business

8450 S.W. 34 TERRACE
SUITE 305
MIAMI, FL 33135 US

Mailing Address

8450 SW 34TH TERRACE
SUITE 223
MIAMI, FL 33155 US



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2845176

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CUERVO, ELSA G
8450 SW 34TH TERRACE
MIAMI, FL 33155

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

1100000537782
05/09/06-P0030-017 150.00

10. OFFICERS AND DIRECTORS

TITLE PS
NAME CUERVO, ELSA G
STREET ADDRESS 8450 SW 34TH TERRACE
CITY-ST-ZIP MIAMI, FL 33155

TITLE T
NAME CUERVO, ELSA G
STREET ADDRESS 8450 SW 34 TERR
CITY-ST-ZIP MIAMI, FL 33155

TITLE D
NAME CUERVO, ELSA G
STREET ADDRESS 8450 SW 34 TERR
CITY-ST-ZIP MIAMI, FL 33155

TITLE VP
NAME CUERVO, MARCUS F
STREET ADDRESS 8450 SW 34 TERR
CITY-ST-ZIP MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elsa G. Cuervo, President - ELSA G. CUERVO 04/24/06 305-333-1595